

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017185

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4184

STATE FILE NUMBER

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis,

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

OR
TOWN

St. Louis,

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Pronounced Dead at Lutheran Hospital

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

4318 Nebraska Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Wilfred

Francis

Rigdon

4. DATE

Month

Day

Year

DEATH

April 21, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3/23/1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Presser

10b. KIND OF BUSINESS OR INDUSTRY

Harstick Cleaners

11. BIRTHPLACE (City and state or country)

River Aux Vases, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Benjamin Rigdon

13b. MOTHER'S MAIDEN NAME

Josephine Vogt

14. NAME OF HUSBAND OR WIFE

Regina T. Rigdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Regina T. Rigdon 4318 Nebraska Ave.

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of stomach, recurrent

INTERVAL BETWEEN

ONSET AND DEATH

10 mon +

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 31, 1961 to Apr 21, 62 and last saw her alive on Apr 20, 1962

Death occurred at 6:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald T. Behrens M.D.

22b. ADDRESS

3654 S. Grand

22c. DATE SIGNED

Apr 23, 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4/25/62

23c. NAME OF CEMETERY OR CREMATORY

Valle Spring Cemetery

23d. LOCATION (City, town, or county)

Ste Genevieve, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gebken-Benz Mortuary, 2842 Meramec St.

St. Louis 18, Missouri

25. DATE RECD. BY LOCAL REG.

APR 23 1962

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.